

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20	/					
21	/					
22	/					
23	3					
24	3					
25	3					
26	3					
27	3					
28	3					
29	3					
30	3					
31	3					
32	3					
33	3					
34	3					
35	3					
36	3					
37	3					
38	3					
39	3					
40	3					
41	3					
42	3					
43	3					
44	3					
45	3					
46	3					
47	3					
48	/					
49	3					
50	3					
TOTAL IND.	8					
TOTAL DEP.	193					
TOTAL CLAIMS	AD1					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	3					
52	3					
53	3					
54	/					
55	1					
56	1					
57	3					
58	3					
59	3					
60	/					
61	3					
62	3					
63	3					
64	3					
65	3					
66	3					
67	3					
68	3					
69	3					
70	3					
71	3					
72	3					
73	3					
74	3					
75	3					
76	3					
77	3					
78	3					
79	3					
80	3					
81	3					
82	3					
83	3					
84	3					
85	3					
86	/					
87	/					
88	/					
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						